# STATEWIDE HOUSING ACTIVITY SURVEY

## JANUARY 30, 2008

Housing Activity information is requested from communities applying for HUD Continuum of Care funding. The data collected through this process assists the community in determining its existing inventory of beds devoted to serving the homeless, identifying unmet needs and prioritizing those needs in a meaningful way.  This is an important tool in addressing the needs of persons who are homeless in our community.

Please note that although this form is similar to previous years, some of the instructions are different.  HUD is putting increasing focus on housing inventory information, and therefore, the form is now longer and some of the information is collected differently.

For example, with overflow beds or vouchers, it is now specified that the number reported should equal the number in use on the point-in-time count date.  In past years overflow and voucher beds were counted, but beginning this year they are counted differently.

- **Please use a separate survey form for each program.**
- If you have any questions about how to complete this form, you may contact Eileen Mitchell at Iowa Institute for Community Alliances, 515-246-6643.
- Please **submit completed forms** to your local CoC or contact person.  If **you do not have a local contact**, please **fax completed forms to** Iowa Institute for Community Alliances at **515-246-6637 by 2/8/2008**.

## HOUSING INVENTORY SURVEY -- JANUARY 30, 2008

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| AGENCY & PROGRAM NAME: |
| NAME OF PERSON COMPLETING FORM: <br><br> PHONE:                              EMAIL ADDRESS: |
| Does this program receive HUD McKinney-Vento dollars?     ___ YES     ___ NO <br> If Yes, which type?     _____ESG          _____SHP          _____Shelter Plus Care (S+C)          _____Section 8 SRO |
| **In what city and county is the facility located?**  (If the program operates in more than one city, list the city where the majority of beds are located.) <br> City:                              County: |

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| TYPE OF HOUSING PROVIDED: (check only one)<br><br>____ Emergency Shelter (ES)<br><br>____ Transitional Housing (TH)<br><br>____ Permanent Supportive Housing (PSH) | Are these beds recorded in ServicePoint?<br>___YES     ___NO<br><br>If NO, will you begin using ServicePoint by 9/1/08?<br>___ YES     ___ NO<br><br>If YES, which program name(s) in ServicePoint do you use to record client stays in this program?  Please list all ServicePoint names that correspond to this program:<br>1.<br>2.<br>3.<br>4. |
| Occupancy Availability Type: (check only one)<br><br>____ Current (first available for occupancy on or before 1/31/07)<br><br>____ New (first available for occupancy between 2/1/07-1/31/08)<br>    On what date did the shelter open? _____<br><br>____ Under Development - Planned occupancy date: _____<br>    (fully funded but not available for occupancy until after 1/31/08) | If YES, what percentage of clients using these beds are recorded in ServicePoint?     ____ 75% or more     ____ Less than 75% |

In general, what is the maximum length of time a client can stay in this program?

Target Population:  Which code best describes this program?     Check only one.     (If the program serves both singles and families, select M. If the program serves only singles, but both youth and adults, pick the code for the majority population.)

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| ____ SM – Single adult males only | ____ YM – Only single males <18 years old |
| ____ SF – Single adult females only | ____ YF – Only single females <18 years old |
| ____ SMF – Single adult males and females only | ____ YMF – Only single males and females <18 years old |
| ____ FC – Only families with children – No Singles | ____ M – Mixed populations – BOTH Singles AND Families |

Target Subpopulation:  If the program serves one of these populations EXCLUSIVELY, indicate which one.   If the program does not exclusively target one group, check N/A:

_____ DV – Serves only domestic violence victims

_____ VET – Serves only veterans

_____ HIV – Serves only persons with HIV/AIDS                              _____ N/A, does not exclusively target one of these

How many total beds does the program have?  Note:  The family and single bed totals in the next two sections must add up to the total listed here.

Total Beds: _____

Are these beds available for use year-round?     ____ YES      ____ NO

If NO, of the total number of beds that you have, how many are year-round?  _____

If NO, please briefly explain:

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Does this program serve families with dependent children?     _____ YES      _____ NO (If no, skip to next section)

If YES, are families housed in separate units (separate room or apartment for each family) or in a congregate area?
_____ Separate Units                    _____ Congregate Shelter                    _____ The shelter has both

If you have Separate Units, how many UNITS does your program have FOR FAMILIES?   _____ UNITS

How many BEDS are in these units for families?  _____ BEDS       (don't include cribs)

If you have Congregate Shelter, how many BEDS are in the congregate area FOR FAMILIES?   _____ BEDS       (don't include cribs)

Are these beds/units reserved only for families, or are they sometimes used by singles or couples without children?
_____ Used only for families            _____ Sometimes used by singles or couples without children

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Does this program serve singles? _____ YES      _____ NO (If no, skip to next section)

What is the TOTAL number of BEDS available FOR SINGLES? _____ BEDS

Are these beds reserved only for singles, or are they sometimes used by families with dependent children?
_____ Used only for singles                    _____ Sometimes used by families with children

PSH programs ONLY:  Of the total beds for singles, how many are targeted to the chronically homeless? _____

ES programs ONLY:    Do you have any seasonal beds?      ___ YES      ___ NO   (If no, skip to next section)

How many regularly available seasonal beds do you have?  _____

During which months are the seasonal beds available for use? _____

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ES programs ONLY:     Do you have overflow beds or issue vouchers?     ___ YES      ___ NO   (If no, skip to next section)

On 1/30/2008:   How many people were in overflow beds? _____

How many people were housed with vouchers? _____

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PSH programs ONLY:   Did you have any vacancies on 1/30/2008?      ___ YES      ___ NO   (If no, skip to next section)

For Families with children:  # Vacant Units _____        # Vacant Beds_____

For Singles:  # Vacant Beds _____

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Have any beds been ELIMINATED in the past year?    ___ YES      ___ NO  (If no, skip to next section)

How many BEDS for SINGLES were eliminated? _____

How many UNITS for FAMILIES were eliminated?  _____      How many BEDS for FAMILIES were eliminated? _____

Please briefly explain:

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Have any beds been ADDED in the past year?     ___ YES      ___ NO

How many BEDS for SINGLES were added? _____

How many UNITS for FAMILIES were added?  _____      How many BEDS for FAMILIES were added? _____

Please briefly explain: